

S. No. 2  
DM-2-43  
v. 5-17-39  
P-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13662**

**FILED MAY 13 1946**

Registration District No. 162 Primary Registration District No. 5592 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Herculaneum  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 33 years (Specify whether years, months or days)

In this community 33 years

3. (a) PRINT FULL NAME Harry Clifford Haggard

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 493-03-9330

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nancy J. Dix 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January - 27 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Not List (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Lead Worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Henry Hardin Haggard

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Matie Clemens

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nancy Haggard

(b) Address Herculaneum Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum Mo. Cem.

18. (a) Signature of funeral director H. B. Vinyard

(b) Address Festus Mo.

19. April 17 1946 (Date received local registrar) (b) Pleasant Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

(c) City or town Herculaneum  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1946 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Apr 15, 1946  
that I last saw h. 1 M alive on Apr 15, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Arrhythmia & exhaustion

Due to Hypertension & arteriosclerosis

Due to \_\_\_\_\_

Duration 3 days  
10 yrs

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: None

Of operations None

Of autopsy None

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address Herculaneum Mo Date signed 4/16/46

1142 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12568

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. H. Myard*

Licensed Embalmer No. 3010

P. O. Address.....

*Foster Ave*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**